

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23941**

FILED AUG 1 1957

BIRTH NO. _____		REG. DIST. NO. 75		PRIMARY REG. DIST. NO. 3015		Registrar's No. 74					
1. PLACE OF DEATH a. COUNTY Clinton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY DeKalb							
b. CITY OR TOWN Cameron		c. LENGTH OF STAY (In this place) 12 Hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maysville (R.F.D.)							
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameron Community Hospital				d. STREET ADDRESS (If rural, give location) 0320							
3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) LEE		c. (Last) THOMAS		4. DATE OF DEATH (Month) (Day) (Year) July 22 1957					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 21 1900					
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Weatherby Mo (RFD)					
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME G.C. Thomas		13b. MOTHER'S MAIDEN NAME Sarah Barker		14. NAME OF HUSBAND OR WIFE Mrs Mildred Thomas					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 488-22-5717		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Mildred Thomas Maysville Mo.							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute myocardial failure DUE TO (c) Chronic Myocardial Degeneration? II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis? INTERVAL BETWEEN ONSET AND DEATH 12 hrs 24 hrs				19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)					
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from July 22, 1957 , to July 22, 1957 , that I last saw the deceased alive on July 22, 1957 , and that death occurred at 6:45 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W.D. Cameron, M.D.		23b. ADDRESS 7-22-57		23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial					
24b. DATE 7/24-57		24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant		24d. LOCATION (City, town, or county) (State) Maysville Mo. (R.F.D.)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PITCHER FUNERAL HOME MAYSVILLE MO.					
DATE REC'D BY LOCAL REG. 7-24-57		REGISTRAR'S SIGNATURE Francis D. Crawford		5							

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed


C.T. Pilcher

Licensed Embalmer No. 3960

P. O. Address Maysville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.